BEST AVAILABLE COPY

Application of Docket Number.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

3-1-19-01847

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			15				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BAŞIÇ FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	/ _ minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	-3 minus 3 =		* -			X42=	-	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in colu								TOTAL		OR	TOTAL	740.
CLAIMS AS AMENDED - PART II						(0.1		SMALL	ENTITY	OR	OTHER SMALL	THAN
		(Column 1)		(Colu	mn 2) HEST	(Column 3)	1 1	SINALL	ADDI-	Un I	SINCE	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* 17	Minus	**	20	=		X\$ 9=	-	OR	X\$18=	
	Independent	* 3	Minus	***	3	2		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		! [+140=		OR	+280=	
	TOTAL ADDIT. FEE										TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	╽し	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛			Un		
+140=										OR	+280=	
\mathcal{L}	CE						,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
2-2-05 (Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	- 20	Minus	**	20	=	11	X\$ 9=		OR	X\$18=	
A WE	Independent	1 3	Minus	***	3	X=	4 [X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
		nber Previously Pa						ınd in the ap	propriate bo	x in co	olumn 1.	